

Supplementary File: the Questionnaire

Part I: Demographic Data

Age: ≤40 >40

Gender: Male Female

Working time(year): ≤20 >20

Working hours each week: ≤55 >55

Part II: Occupational Diseases.

Did you get the following occupational diseases in working experience?

Insomnia: Yes No

Varicose Veins: Yes No

Musculoskeletal Related Disorders: Yes No

Gastrointestinal Diseases: Yes No

Urinary System Diseases: Yes No

Others: _____

Part III: Job Satisfaction

Did you satisfied with your job?

Very Dissatisfaction: Yes No

Dissatisfaction: Yes No

Satisfaction: Yes No

Very satisfaction: Yes No

Part IV: Career Development of Nurses

Did you have a clear goal for your future career development?

Yes No

Did your work unit provide you with training opportunities?

Yes No

Which of the following training have you participated in the course of your working experience?

Professional qualification training

Professional skills training

Overseas training

Specialist nurse training

Nursing management training

Other types of training

Never participated

Did you get night shift during working?

Yes No

Were you willing to continue to engage in nursing work in the future?

Yes No

调查问卷

第一部分

年龄（岁）	≤40()	>40()
性别	男()	女()
工作年限（年）	≤20()	>20()
每周工作时长（小时）	≤55()	>55()

第二部分

在工作期间您是否患有以下职业病？	失眠	静脉曲张	肌肉骨骼相关疾病	消化系统疾病	泌尿系统疾病	其他
	()	()	()	()	()	()

第三部分

您对目前工作是否满意？ 非常不满意() 不满意() 满意() 非常满意()

第四部分

您对自身将来的职业发展 是() 否()

是否有明确规划?

您所在单位是否为您提供 是() 否()

培训机会?

您参加过以下哪些方面的 职业资格培 专业技能 海外培训 专科护士 护理管理培 其他类型 从未参
培训? 训() 培训() () 培训 () 训 () 的培训 加过
() ()

您工作时是否有夜班? 是() 否()

您将来是否愿意继续从事 是() 否()

护士工作?